

CEMETERY AND FUNERAL BUREAU

P. O. BOX 989003 WEST SACRAMENTO, CA 95798-9003 (916) 574-7870 FAX (916) 574-8620



APPLICATION FOR APPROVAL TO SHARE APPRENTICE EMBALMERS AND TRAINING FACILITIES \$100.00 APPLICATION FEE

SECTION A: APPLICANT INFORMATION (Where apprentice is currently approved to work)									
Establishment Name				Licen			ense Number		
							FL)	
Address		City			State	e	•	Zip Code	
					\mathbf{C}^{A}	A			
Telephone Number Fax Number						Co	ontact	Person for this Application	
Name of Apprentice	Regis	tration Number	•	,					
			AE						
Managing Funeral Director			License Number						
			FDR						
SECTION B: MAIN OFFICE (Must be within 60 miles of all shared establishments)									
Establishment Name							License Number		
						FD			
Address City					State Z			Zip Code	
						CA			
SECTION C: SHARED TRAINING F	ACILIT	TIES							
Name of Training Establishment			License Number			1	Miles	from Main Office	
Training Establishment			FD						
Address City						State		Zip Code	
						CA		r	
Name of Supervising Embalmer			Licen	nse Number			Total	Number of	
Name of Supervising Embanner			EMB			Apprentices Supervised			
Name of Training Establishment			License Number			Miles from Main Office			
Training Establishment			FD						
Address	City		1 1			State		Zip Code	
Tidatess	City							Zip Code	
Name of Supervising Embalmer			Licen	se Number		CA	Total	Number of	
			EMB			Apprentices Supervised			
Name of Training Establishment			License Number			Miles from Main Office			
Timing Lowellonian			FD				1411103	II OIII IVIQIII OIIICC	
Address	City		יו			State		Zip Code	
Address	City					CA		Zip Code	
Name of Supervising Embalmer			Lico	nse Number	J	CA	Tota	al Number of Apprentices	
Name of Supervising Embanner			EMB					ervised	
CECTION D. EUNED AT DIDECTOR CERTIFICATION							~ ap		
SECTION D: FUNERAL DIRECTOR CERTIFICATION									
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.									
Signature				Date					